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TO:	FROM:
Examiner Thai, Hanh B.	Paul D. Amrozowicz, Reg. No. 45,264 <i>SW</i> <i>(A)</i>
COMPANY:	DATE:
USPTO	FRIDAY, APRIL 28, 2006
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
571-273-8300	4
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
571-272-7215	211139.90107 (044.0021)
RE:	RECIPIENTS REFERENCE NUMBER:
Request for Continued Examination	09/921,677

URGENT

FOR REVIEW

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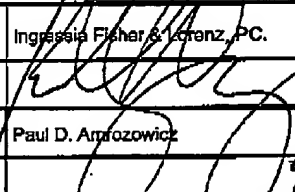
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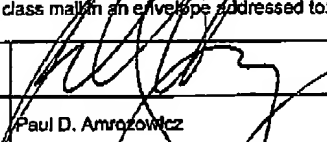
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/921,677	
	Filing Date	August 3, 2001	
	First Named Inventor	Lee P. Noehring	
	Art Unit	2183	
	Examiner Name	Thai, Hanh B.	
Total Number of Pages in This Submission	3	Attorney Docket Number	211139.90107 (044.0021)

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continued Examination (RCE) Transmittal, and Petition for Extension of Time.
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Ingrassia Fisher & Lorenz, PC.	
Signature		
Printed name	Paul D. Amrozowicz	
Date	4/28/06	Reg. No. 45,264

CERTIFICATE OF TRANSMISSION/MAILING	
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Date	4/28/06

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